

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/344751

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	4		4			
TOTAL DEP.	46		41			
TOTAL CLAIMS	50		45			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
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98	/		/			
99	/		/			
100	/		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						